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I.

MR. SYME AND M. ROUX ON EXCISION
OF DISEASED JOINTS.

From the *Edin. Med. and Surg. Journal*.

WE need not observe to our readers, most or all of whom must have perused the papers published on this subject in our journal by Mr. Syme, that, although the operation of excision of the joints of the extremities has been long known in surgery as a substitute for amputation, it has been little practised in this country till within these few years. The credit in which this operation now stands is owing in a great measure to the activity and success with which this gentleman has practised it on all suitable occasions. During his exertions to bring it into general notice here, it appears that M. Roux has been similarly occupied at Paris; and, therefore, although his experience of its safety and advantages is far from being so extensive, and is not altogether so flattering as that of Mr. Syme, we conceive it important to make known the results obtained by a foreign surgeon of such celebrity.

M. Roux observes, that, notwithstanding the frequent success obtained in France by MM. Moreau, father and son, and by M. Champion, the operation continues to be held in great disrepute among his countrymen, and that he believes he may safely assert he is the only surgeon in Paris who has

tried it often enough to be able to appreciate its difficulties, its inconveniences, and its advantages.

He considers that in all probability it will be right to abandon it entirely in respect to the joints of the lower extremities, and especially that of the knee; for excision here produces too much injury: there are too many accidents to dread. Once only has he performed excision of the knee, and that was against his own opinion, at the express desire of the patient, who expired in nineteen days. "Even when the operation is performed without the sacrifice of life, the preservation of such a limb will probably be more inconvenient in standing or walking than the timber leg used after amputation."

"But as for the arm—destined in man for so many noble and important purposes, and so useful even when it has sustained serious injury, or is more or less deformed, provided the hand be preserved entire—it is wrong not to attempt to derive all the profit possible from the excision of the diseased joints of such a member. At the elbow particularly it appears to present the greatest advantages; so that it is impossible to imagine why so many able surgeons prefer amputation. Undoubtedly excision of the elbow-joint, by which I understand the removal of the whole lower extremity of the humerus, as well as the upper end

of both bones of the forearm, is, if not difficult, at least laborious in its execution : fifteen or twenty minutes are scarcely sufficient for its proper performance. It leaves a very extensive wound, which suppurates abundantly, notwithstanding the greatest care to approximate and unite the flaps, which must be formed to reach the bones ; and to these objections it must be added that several months are required to complete the cure. But if the limb is preserved and restored in all its functions, and if life is not more, or rather is actually less, endangered than by amputation, are these advantages not abundantly compensated ? This compensation is satisfactorily established by the following facts, which, without being in themselves more curious or important than those for which the surgical art is indebted to MM. Moreau and Champion, are at least more recent, and, I may also hope, of a nature to carry conviction with them.

"I have performed the operation of excision of the elbow four times. The first was in 1819, the last a few months ago ; one in the right arm, and three in the left. Three of the patients were males, one of whom was 37, the two others 21 and 22 years of age ; and the fourth was a girl of nineteen. In all, the affection of the elbow was apparently of a scrofulous origin, and had attained a very advanced state of progress ; for the joint was greatly swelled and surrounded by many fistulous openings, and the operation exposed an extensive fungous degeneration of the cellular tissue, as well as disease of the articular ends of the bones. I shall not describe the special disease in each case ; nei-

ther shall I relate the method of operating, which was nearly the same in all, nor the ulterior treatment required for accomplishing the healing of the wound and preservation of the movements of the arm. My sole object is to state the definitive results.

"Of the four patients, one only died of the accidents immediately connected with the operation. The first dressings had been removed, and the wound several times dressed anew, and suppuration had commenced in the interior of the wound ; nay, several of the sutures for preserving the flaps in apposition had been also withdrawn, when hemorrhage took place from beneath the flaps. This returned repeatedly ; so that at length it became necessary to think of amputation, to save the patient's life. Perhaps I hesitated about it too long : death ensued in three days. In the three other patients there was not a single serious circumstance to complicate either the immediate or remote consequences of the operation ; life was not for a single moment in danger. The cure, indeed, was not accomplished so quickly as might have been desired ; occasionally, too, I dreaded a too abundant suppuration : it was also necessary to take measures against the retention and accumulation of pus in particular spots ; and although one of the three was quite well three months after the operation, on the other hand the two remaining patients did not recover entirely for eight or nine months. But ultimately the arm was preserved in every instance ; and in every instance its movements were partially recovered. Unfortunately, the patient I first operated on in 1819, was attacked with phthisis only a few

months after recovering the free use of the arm, and died of this disease—the seeds of which probably lurked in her constitution before the operation was performed. The two others, of whom one had the joint cut out two years, and the second three years ago, are at present alive and in perfect health, and follow their customary occupations at Paris. One is a grinder, and the other a mantuamaker.”

We shall leave the reader to compare the preceding extract with the results obtained by Mr. Syme, as detailed in his papers in this Journal, xxvi. 49, xxxi. 261, xxxii. 235, xxxiii. 233. It appears that of seven cases of excision of the elbow he has not lost one; that all have regained, or at the time of their dismissal were in the fair way of regaining, considerable freedom of motion in the arm; that of two cases of excision of the knee, one was recovering the use of the limb, while the other died of amputation, which was rendered necessary by the disease of the thigh-bone having been more extensive than was anticipated; and that in one instance the head of the humerus was cut away with the effect of forming a joint which promised to be useful.

Through the kindness of Mr. Syme, we have lately had an opportunity of examining three of these cases. One was the case of excision of the head of the humerus, related in our 26th volume. This woman we found actively employed in washing clothes, which fact might be alone sufficient to satisfy every one that the shoulder-joint is of great use to her. The humerus is, in fact, moveable in every di-

rection, and to nearly as great an extent as the natural joint. She has also the power of moving it freely and powerfully in every direction, except directly outwards from the body; and the joint is so strong that she can raise a pitcher of water in the hand of that side; but this is rather a greater exertion than she feels it safe to make habitually. The elbow-joint, and the joints of the hands and fingers, are as entire as ever. The shortening and deformity of the arm are very apparent when the shoulder is naked; but when it is covered, the arm might, on a cursory examination, be mistaken for a sound one.

The second case was one of the instances of excision of the elbow-joint. The operation was performed a twelvemonth ago. There is considerable freedom of movement, and the patient retains completely the voluntary power of bending the forearm; but has the power of extending it only in a slight degree. He can raise a heavy body with ease, can strike a straight-forward blow with considerable force, and preserves entire all the movements of the wrist and fingers. There is very little shortening of the arm.

The third case was the instance of excision of the knee-joint, mentioned in the 103d number of this Journal. There is still a small sore, with a trivial discharge under the new joint. This joint is in a state of slight permanent flexion, and admits of but trifling motion in any direction; but the motions of the ankle and toes are entire. On the whole, this case does not hold out much encouragement to practise the operation of excision of the knee-joint,

and Mr. Syme is inclined to form the same conclusion with M. Roux—that a timber-leg will probably be more useful than any leg which can be formed after the excision of the joint.

II.

OBSERVATIONS ON HYSTERIA.

From the *Lon. Med. Gazette*.

SIR,—“Qu'est ce que l'hysterie? quel en est le siège? quelle en est la nature?”—language used by the authors of “*Nouveaux Elémens de Pathologie*,” in the introduction of the subject, plainly intimating that our transmarine fellow-laborers, like ourselves, have hitherto been living, as it were, under a cloud with respect to the definite and scientific knowledge of this disease. Our old handmaid, sympathy, so ready at every beck to point out “short cuts” to the goal of pathological investigation, has frequently misled the traveller, and “the long-est way round” has often proved at last to be the “shortest” and the surest path to pursue. What errors and perplexities have been entailed on hysteria in consequence of resting content with the assumption of an imaginary principle, for the production of its mazy phenomena, instead of searching out their haunts and “local habitations,” and so giving the disease something like a tangible nature! Uterine sympathy, smooth-tongued as the term may be, and reasonable as it may appear, is, however, mistrusted. Many think that, much as truly may be imputed to the uterus as the mainspring and fountain-head of hysteria, it behoves us to look farther—to more remote parts of

the system, for the seat of those various evils that concur in making up the sum total of the affection. M. Georget, a physician who has reaped the benefit of a large field of observation at the Salpêtrière at Paris, is of opinion that the encephalon partakes largely of the morbid action. In our own country the spinal cord has recently been made to bear its part in the blame. Whoever has read the little book of Mr. Tate, must, I think, at least give the author credit for his original views; a conviction of their accuracy and truth must be the product of our own observations. If they be proved to be correct and well founded, we must be indebted to him for the light which he has thrown on the subject, as clear and precise notions will lead to increase of self-confidence in the treatment of our patients. The statements are certainly curious and deserving of attention. Since the perusal of his book, I have had opportunities of putting his principles to the test, and which, as far as they go, corroborate his experience.

The following case, which I have selected among sundry others of hysteria in its various types, I will take the liberty of narrating.

M. K., æt. 23, a short, pale-featured woman, married, at this time suckling an infant nearly three months old, applied for advice under these circumstances:

On the 23d of June she experienced pain in the head, throat, shoulders, *left breast*, and loins. She soon became stiff-necked, and the motion of the jaw impaired; the bowels confined; she is subject to hysterical fits; menstruation generally painful.

27th.—The muscles of the neck and jaws are rigid ; not able to open the mouth wider than will admit the thin end of a spoon ; saliva dribbling ; voice inarticulate ; deglutition painful ; the neck externally highly sensible to the touch ; pain in the forehead and loins ; the brow contracted, indicative of suffering ; irritability of manner ; skin cool ; pulse 120, small ; mouth dry ; appetite good ; bowels open this morning ; stools dark.

On examination of the spine, tenderness between the shoulders.

R. Calomel, gr. j. P. Jalapæ gr. v. f. p. mitte iv. j. 4tis h. s.

Unguent. Ant. Tart. illinatur ter die reg. dors. spin. inter scap.

28th, 29th, 30th.—Jaw firmly closed the last two days.

July 1st.—The ointment brought out a pustulous eruption about thirty hours after the first application ; within twelve hours more, this was followed by great relief. To-day the jaw is unlocked ; speech intelligible. Yesterday it was firmly locked ; not a word could be understood. Feels much better ; bowels open.

Repr. Unguent. nocte maneq.

3d.—Mobility of the jaw quite restored ; only complains of a little remaining tenderness about the neck, and some pain in the head.

Mist. Cath. om. mane.

Thus the complaint lasted ten days, two of which the jaw was immoveably fixed ; relaxation was speedily produced by the counter-irritation.

This was a decided case of hysteria. The patient has suffered two similar attacks before,

making altogether three in three successive years. The first came on directly after parturition : it continued a week ; the jaw was partially locked. The second came on when she was neither pregnant nor suckling : it lasted five weeks, ten days of which time the jaw was firmly locked, so that she could not get "a crumb into her mouth." She was bled for the first, repeatedly blistered for the second, and took sundry doses of calomel, opium, and jalap ; and at last the irritation subsided,—most likely voluntarily. After the birth of her present child, she labored under an attack very like peritonitis, but was nothing but hysteria under that form.

This is trismus, idiopathic trismus. On referring to cases of this nature in the different records, I think we find the greatest proportion of spontaneous tetanus to occur in females. In many of these the hysteric disposition is very evident ; in others, of premature age, this feature is not so plain ; but hysteria will sometimes impress its peculiar susceptibilities on the system long before the catamenia appear. I believe that cases of idiopathic tetanus, or trismus, in a male, are comparatively very rare. The constipation so often observed in hysteria and tetanus, and by some regarded as an excitant of those diseases, I think may be looked on more in the light of an effect than a cause—depending on spinal irritation.

It is curious that hysteria clothes herself in the garb of so many diseases. Is this a wild vagary of nature, or is there some fixed principle at the bottom of it all ? It may hereafter be

found that hysteria, tetanus, and even hydrophobia, which occasionally bear mutual resemblances, not only agree in general likeness, but are impressed with the determinate stamp of consanguinity. It may be discovered that, dissimilar and remote as the exciting causes of these diseases are, the essential and immediate residence is the same, though probably in different parts of the same organ—the spinal cord.

T. N. SMITH.

III.

JAUNDICE.

For the Boston Medical and Surgical Journal.

MR. EDITOR,—The proximate cause of this disease, as laid down by medical authorities, is the obstruction of the bile in its passage through the ducts, and its consequent absorption into the circulating fluid, which, being thus loaded, communicates a yellow tint to the skin and eyes. Admitting that this may be the true explanation, I would beg leave to propose another—namely, that in jaundice the liver ceases to secrete bile, which consequently remains in the blood, and produces the subsequent symptoms.

It will be remembered by the readers of the "Study of Medicine," that its distinguished author, who adopts the usual theory of the disease, considers it as presenting five species, having reference to the several causes by which the obstruction may be produced. Permit me to review these in succession, and to notice, under each, the objections which may be urged against the common

supposition on which they are founded.

The first of these species is the *Icterus Cholæus*; and in this we are told the bile is obstructed from its own viscosity. It must, however, be admitted that the cause which is here assigned is assumed gratuitously; for it has not been shown by dissection that the bile is ever too viscid to pass its ducts. Secondly, there is no analogy to support the idea that a gland can secrete a fluid incapable from its structure of passing through the secretory vessels. Nothing similar to this is known or supposed to occur in the kidneys, salivary glands, or pancreas. Thirdly, if an obstruction from this cause occur at all, it must be at the points where the secretion takes place; for from these points the calibre of the passages is continually increasing. But a secretion thus stationary at the point of its production, is to all intents the same as no secretion whatever. The action of the liver may commence under such circumstances, but must, from the nature of things, be immediately suspended.

The second species mentioned is *Icterus Cholelithus*. The remote cause which is here assigned, namely, the passage of gallstones into the intestines, is without doubt a real cause of jaundice. That it produces its effect by mechanically obstructing the passage and thus preventing the flow of the bile, is not quite so certain. During the passage of a gallstone from the gallbladder to the intestine, a free passage must at every moment remain open, either from the liver to the duodenum, or from the former to the gallbladder. During the first and most

difficult part of its transit, the former being the case, there need be no proper accumulation in any part of the biliary system ; during the second part, the passage being open from the gland to its reservoir, a certain amount may be accumulated in the latter, but certainly not so much as materially to distend its cavity, particularly as it may part with its aqueous constituent, which, existing in the proportion of seven in eight parts, will, by its absence, materially diminish the aggregate volume. It is, however, perfectly well known, that the occurrence of jaundice as a symptom of chololithus is by no means limited to that period during which the stone is passing, but accompanies the whole progress of the disease ; a fact which of itself would render it probable, were other circumstances wanting to confirm the supposition, that the affection of the liver is sympathetic, and that its secretion is diminished so long as a foreign body occupies the gallbladder, or obstructs any portion of its ducts.

The third species of jaundice is *Icterus Spasmodicus* ; in which the obstruction is said to be produced by a spasm of the ducts. A stricture of the hepatic passages from this cause, is without doubt a possible occurrence ; that it is a frequent one, is rendered improbable by the fact that the outlets of secreting organs more immediately subjected to our observation, are not known to be liable to a similar affection. As respects the remote causes assigned for this species, acrimonious ingesta, hysteria, and mental passions, they seem at least as likely to diminish the action of the organ, as to close its outlets and

prevent the exit of its secretions. The well-known effect of the last two causes on the urinary secretion, though not strictly analogous to that now suggested, will, I think, on examination, be found to confirm its probability.

The fourth species given is *Icterus Hepaticus* ; or that in which the disease is occasioned by scirrhus or induration of the gland ; in which case the obstruction must be supposed to take place in the liver itself. To this case, however, the mechanical cause thus assigned seems peculiarly applicable, at the same time that its interference is wholly unnecessary. Any part of the liver which becomes disorganized, must of course be rendered incapable of performing its functions. The secretion of the organ, as a whole, will consequently be diminished ; and to suppose that the disease in question is produced in this manner, seems perfectly conformable to philosophy and good sense.

The fifth and last species is *Icterus Infantum*. The remote cause of this singular affection is somewhat obscure ; and it certainly is not easy to comprehend that assigned by our author, who, with great good judgment, has withheld it, in assigning to the disease a specific appellation. That the meconium can so far accumulate as mechanically to obstruct the passage of the bile, seems very improbable ; that the liver may be more or less torpid for a certain period after birth, is both natural in itself, and rendered still more probable by the frequent occurrence of infantile constipation.

Having thus hastily compared the existing theory with my own,

under certain points of view, I would adduce one or two other considerations in favor of the latter, which have not yet been distinctly mentioned. If the remedies which have been found successful in jaundice be examined, they will, I think, be found more appropriate to stimulating the organ to secretion, than to removing any proper obstruction existing in the gland or its ducts. To enumerate all of these would be tedious; they may, however, be stated generally to have been cathartics, especially calomel, emetics, external stimulants, and tonics. A great variety of remedies have occasionally been serviceable; but it is believed that the greatest number may be referred to the classes just enumerated. Opium, which is mentioned by Dr. G. under I. Spasmodicus, seems to be suggested rather to meet the theory proposed, than from any particular confidence in its virtues.

It is an obvious objection to the idea of resorption of the bile into the blood, that, supposing this process to occur, the portion which would be first taken up by the absorbents would be the aqueous, which, as we have already stated, forms seven out of eight parts of the whole secretion. This would of course communicate no coloring matter to the blood; nor would it be until the small residuum was also carried off, that the most obvious symptoms of jaundice would become perceptible.

If it be objected that no bile, as such, exists in the blood, and therefore none can be thrown upon the skin unless previously excreted, I can only answer that this objection seems to apply in

an equal degree to the usual theory of the disease. I am not aware that, even during the existence of jaundice, any bile can be separated from the circulating fluid; if such is the fact, its presence can as well be accounted for when not secreted, as its absence when it is so. If under no circumstances can this fluid be detected in the blood, it will only become us to confess that its formation by the secernents of the liver, and its separation by the excrements of the skin, are equally among the unexplained mysteries of our common nature.

Yours, &c. FLAVIUS.

IV.

MORBID GROWTH OF THE NAIL.

To the Editor of the Boston Med. and Surg. Journal.

SIR,—In your highly interesting *Med. and Surg. Journal* of Aug. 17th, Nos. 27 and 28, I noticed a few remarks upon the diseased growth of the nail, likewise some of the methods adopted to cure this truly painful and troublesome affection when it has so far advanced as to produce ulceration. Leaving all the methods, but one, there proposed, with but a passing remark, as they all tend to the same object, namely, the final removal of the nail,—I would suggest, for your consideration and disposal, an addition to the plan of inserting a small quantity of lint under the edge of the nail, which was communicated to me by my worthy friend and instructor, J. P. Batchelder, then of Pittsfield, in 1823. It consists simply in dividing the nail longitudinally with a sharp-pointed instrument almost through, for the

purpose of rendering that edge of the nail limber and pliable. A section of about one fourth of the nail is sufficient. At no point must the division be carried quite through, as that would render the operation unsuccessful, for obvious reasons. Then neatly adjust under the edge of the nail a dossil of lint, and continue one under until the cure is completed, which occupies from five weeks to five months, and is attended with no pain, and but little trouble or inconvenience. In my short experience I have not known this plan fail where it was performed skilfully and with persevering care and attention. Among the numerous applicants for certificates to exempt them from military duty, the disease in question is often exhibited as an excuse; but for the last five years I have not known a second application for the same disease, where this plan had been adopted.

The single remark I intended to make upon the removal of the nail is, that I have seen the painful operation performed in part or in whole three times, in all of which it failed of producing a radical cure, and in one case the disease was much aggravated after the reproduction of the nail.

Yours, respectfully,

CHANDLER SMITH.

Princeton, Mass., Aug. 27, 1830.

V.

OPERATIONS IN SURGERY.

A FRIEND has placed in our hand a letter from an American physician, now in London, with permission to publish the following extract.

London, July 10, 1830.

There is little going on here at present in the way of lectures, or

operations; I have, however, seen one or two of importance. The first was that of trepanning, by Mr. Key. The patient was brought into Guy's Hospital in a state of insensibility, having been knocked down by a blow from the handle of a wheel of some engine. From his vomiting a quantity of blood with some food, Mr. Key thought it possible that he had received a blow upon the abdomen, and that there was a rupture of some portion of the intestine; for though there was a wound on the head, he found no fracture or severe injury upon that part. The man in the meantime recovered sufficiently to speak; but incoherently. Mr. Key merely directing that no food should be allowed him, left him for the present. In a few moments, however, he was informed that coma and stertor had come on: he returned, and made an incision down to the bone on the side of the apparent injury, but found no fracture. He thought it advisable to make the same examination on the opposite side, though there was no external indication of injury. On this side, in fact, he found a very extensive fracture. The patient was then removed to the operating room, and the operation of trepanning was performed; Mr. Key making use of Hey's saw, instead of the trephine. The patient however died in the course of 6 or 8 hours.

The second operation I saw was at Bartholomew's, for a case of a somewhat singular nature. The patient was an old woman, whose right breast was enlarged so as to form a sphere nearly a foot in diameter. Mr. Stanley, a very young man, was the operator. Having marked with a pen

a line around the tumor calculated so as to leave sufficient skin for union by the first intention, a trochar and canula were plunged into the breast, and about three pints of chocolate-colored fluid discharged; though not the whole that the tumor contained. The canula was withdrawn, and an incision made with a scalpel through the integuments, in the direction which had been traced, and the sac which contained the fluid dissected out. One or two small arteries were then secured, and the skin brought together as in the common operation for removing the breast.

The day before yesterday I saw the operation for removing a portion of the lower jaw, at the articulation, performed at St. Thomas' Hospital by Mr. Green. The patient was a healthy young woman who had a large tumor of the bone of the lower jaw. An incision was made from the corner of the mouth to the angle of the jaw. A second incision was carried from near the articulation to meet the former one at the angle of the jaw. The small arterial branches which were wounded in this operation were immediately secured. The portion of the bone intended to be removed, having been laid bare, Mr. Green applied the chain saw, but finding it not to work readily, he removed it and completed the division

with Hey's saw. The most difficult part of the operation remained—the disarticulation of the bone. This Mr. Green effected with success. The whole operation occupied an hour. The patient did not utter a groan or expression of pain. Mr. Green operates with great coolness and deliberation. He ranks very high as a surgeon.

Yesterday I saw the operation for lithotomy performed at Bartholomew's by Mr. Starby. After many attempts to strike upon the stone, with a large staff he at last succeeded. He then made a lateral incision with a scalpel, introduced the gorget, enlarged the opening once or twice with a scalpel, and after repeated attempts, and the trial of a great variety of forceps, he succeeded in extracting a small stone. Repeating his attempts for some time longer, he extracted a stone of moderate size, and completed the operation. He appeared to operate with perfect coolness and with a steady hand; but the success of this operation must be exceedingly doubtful.

There is a man here, of the name of Schoss, who imports wax preparations from Germany, for sale, many of which are very beautiful, particularly some of the ear, exhibiting the distribution of the nerve.

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BOSTON, TUESDAY, OCTOBER 5, 1830.

UNION OF WOUNDS BY FIRST INTENTION.

THIS mode of treating wounds caused by operation, which has been so

generally adopted in England and in this country, appears to be gradually coming into favor with the surgeons of the continent. Some very judi-

cious remarks in its favor, by Professor Delpech, of Montpellier, are quoted with approbation in one of the principal French journals. Prof. D. recommends this mode of proceeding in the following cases: 1. Wounds about the head. 2. After deep incisions in the region of the thorax. 3. Especially after operations for empyema, in which this proceeding offers the surest means of preventing farther effusion. 4. After the amputation of a cancerous breast. 5. After all wounds of the abdomen, except in the case of hernia with gangrene of the intestine. 6. After the operation of castration. In fact, this proceeding is required after all great operations, and especially amputation. It has indeed been urged, that it is dangerous to suppress suddenly a suppurative discharge which has been of long standing. But in truth, this apprehension is wholly groundless. There is surely no reason to dread a plethoric state of the system in these cases. On the contrary, it is easy to perceive that where extensive ulceration has existed, and amputation has become necessary in consequence, the state of the constitution is any other than that which should justify such a fear. We find in these cases the very opposite conditions: a gradual wasting from excessive purulent discharge, colliquative sweats, the digestion insufficient to supply the losses sustained, a septic tendency of the fluids from the absorption of the putrescent miasm, and the strength impaired by sympathetic affections caused by constant pain and watching. Such in general is the state of things which

renders amputation necessary, and which in fact leads to its adoption. When pus is carried into the vessels after this operation, and there is reason to believe that this is not an uncommon occurrence, it is of course assimilated; for it is very seldom that this absorption is followed by any dangerous effects. By immediate union we save a patient the pain of a tedious ulceration, the long-continued presence of pus on an absorbing surface is prevented, and the cure is infinitely more rapid than when suppuration is permitted to establish itself. M. Delpech employs the suture as the best means of obtaining union, and has recourse to it without hesitation after large amputations.

DISEASES OF NEGROES.

It would be a study of some interest, and not without use, to trace the peculiarities, moral, intellectual and physical, which make so broad a distinction between this race and the whites in every country where they are found together. That the connection between the white and the black is uniformly that of power in the one and submission in the other, though partly attributable to circumstances which have controlled the destiny of the latter, must be in part owing to a more general cause, and to essential differences of constitution, which vest in the former a permanent superiority. In confirmation of this idea it is remarked, that in those countries where negro slavery is abolished, and where the laws recognise no political subordination in

the blacks, their situation and place in society seem but little if at all better than where they are regarded and held as the property of others. The objects at best of the pity of their fellow men, they gain a scanty subsistence by the performance of the vilest duties, and exhibit as little the wish as the ability to exercise the rights or to improve the privileges of freemen.

To whatever complication of causes this state of things is to be attributed, it is certain that the character and constitution of the negro among us exhibit some peculiarities which appear to have accompanied him among all vicissitudes, from his early abode in the land of his ancestors. Among the former may be mentioned indolence, gentleness of disposition, and fondness for music. On these and some other peculiarities our readers will find some very ingenious remarks by Mr. Flint, in his *Valley of the Mississippi*, where the subject is treated with much candor and good sense.

In physical constitution the negro, with us, differs considerably from the white. They are observed to feel the cold more sensibly, and to bear heat better,—a circumstance which marks their affinity to the natives of a tropical clime. They are probably more temperate in the use of spirituous liquors, and more abstemious in their mode of living, than whites of the same class. Hence they are for the most part healthy, and when sick ordinarily require less active evacuations than the white. From some circumstances it would appear that they are peculiarly liable

to disease of a nervous or spasmodic character. The author of a late work on the diseases of Cuba—Dr. Oliver—remarks that the blacks in that island are much more subjected to tetanus than the white,—and states, as the result of his observation, that liability to spasmodic disease is found to bear an inverse proportion to the development of the facial angle. We doubt, however, whether the facts known on this point will justify so broad a conclusion.

BELLADONNA IN PHTHISIS.

As there is no disease more completely beyond the reach of medical skill than confirmed consumption, so there is none for which a greater number of remedies has successively cheated mankind with the hope of being decidedly and permanently useful. That the cases cured by these pretended specifics were not properly phthisis, is the necessary inference from their subsequent failures; that many of them, but for the remedy, would have terminated in this disease, it is not easy to deny or disbelieve. There is, then, a state of the lungs verging toward phthisis, in which remedies, judiciously applied, are capable often of giving relief; and however partial the encouragement thus offered to our efforts, it is sufficient to make every new case of the supposed successful treatment of this malady an object of interest. Perhaps no class of remedies has proved more useful in this peculiar state of pulmonary affections, than the opiates; as there is none of which the practitioner is more likely to be reminded by the

patient. We are never presented with one of these doubtful cases that it does not seem a point of the highest importance to control the frequent and irritating cough with which they are accompanied; and thus to give the organ, if possible, a period of comparative repose. Unfortunately, most of the opiates furnished by the materia medica are followed by secondary effects which more than counteract the benefits obtained by the primary ones; while, to add to the evil, the latter are necessarily transitory, and cannot be maintained beyond a very limited period. A part of these ill effects belong to that tendency to reaction constantly manifested by the nervous system; another part are connected with the fact that these articles act on this system through the medium of the stomach, whose activity they have always a tendency to impair. The latter inconvenience at least is remedied, and in some degree the former, by administering articles of this nature in a different form, so that the substance employed is made to exert its specific effects without being at all introduced into the alimentary canal.

A practice in accordance with this view has lately been tried with considerable success in some of the foreign hospitals. We have before us the details of a single case, in which the leaves of belladonna were smoked by the patient, like those of tobacco, and with decided benefit. The individual was a soldier twenty-two years of age, attacked for the third time with chronic inflammation of the lungs, accompanied with hemop-

tysis, and all the signs which indicate pulmonary suppuration. He commenced by smoking a quarter of an hour morning and evening. A slight heaviness about the head was the only inconvenience occasioned. A few days only elapsed before the cough sensibly diminished in frequency, and became less painful; the evening exacerbation was milder, and the sputa assumed a better aspect. The patient, encouraged by these results, gradually increased the period of the operation, until he reached the term of two hours per diem; and finally, after forty days of this treatment, he had gained sufficient strength to return to his native country, where his health soon became entirely reestablished.

TREATMENT OF HEPATIC DISEASE.

THE remarkable sympathy which exists between the functions of the liver and those of the skin, has, it is well known, led to the very successful employment of stimulants to the cutaneous surface, in the various diseases of that important organ. Among the numerous modifications of this system of treatment, none perhaps has, at the present time, a greater number of advocates, than that of the nitro muriatic acid bath. We observe, within a few days, a remarkable case of its successful application by Dr. Tannini, of Naples, in which the patient had been for years affected with hepatitis, and, during the latter part of this period, constantly harassed by the symptoms of local pain, remittent fever, nausea, disgust for food, flatulence, &c. During the progress of the disease,

he had visited England and France, and consulted the principal physicians in both countries, without obtaining any relief. Dr. T. ordered the following, as a bath to the legs, every evening at bedtime.

R. Acid Nitr. ʒij.

" Mur. ʒijj.

Aque Cong. v. M.

The patient at first bore the immersion only for twenty minutes, which, in the course of a few days, he increased to forty-five minutes. A cure was rapidly effected by this treatment.

PERTURBATING TREATMENT.

THE free use of perturbing remedies is severely censured by M. Broussais and his school, and those who employ such articles are accused of killing their patients with them. This charge is certainly, at least in some instances, unjust. We find recorded in the last No. of the *New York Medical and Physical Journal*, a case in which the greater number of the most active articles that constitute the armament of the physician, were employed in *ad libitum* doses, and in an almost *incredibly short space* of time, a single night, and yet the patient recovered. This case is entitled "Poisoning from the bite of a spider *successfully treated*." (!) The patient *supposed* himself to have been bitten by a spider on the 10th of July, and late in the evening of the same day, when seen by the narrator of the case, "he complained of violent pain in his back and loins," "his spasms were extreme and occurred at short intervals; the pulse was small, frequent, and laboring or irregular; the pupils dilated; skin covered with a profuse cold sweat; the urine suppressed; muscular power totally suspended, and the intellectual energies much impaired," &c.

The patient had been already dosed with various remedies, "such

as the popular prescriptions in common use for the bites of venomous reptiles, viz. plaitain, horehound, boneset, edgeweed, rue, tansey, squirrel's ear, wormwood, milk, oil, spirit, vinegar, and a *farrago* of other ineffectual remedies. He had been bled, and a *variety* of topical applications employed, but all to no purpose."

On his arrival, the doctor set immediately to work; he prescribed, we quote his own words, "large opiates, *anodynes*, antispasmodics, and stimulants, both diffusable and permanent; among these were volatile alkali, æther, opium, camphor, amber, compd. tinct. castor, lavender, brandy, cantharides, and a *host of others, without effect*. Large doses of calomel and opium were given, but the bowels were not in a situation to be excited by cathartics while the spasms continued. As no remedy appeared to have the desired effect, although prescribed *ad libitum*, I was necessarily compelled to relinquish most of them, and trust solely to opium and ammonia, as the only medicines that were likely, in the event, to ensure a successful issue." "By pursuing this course through the night," says Dr. H. "*I ultimately succeeded in relieving all the symptoms*!" "Much, however," he adds, "might be attributed to the spirit of turpentine, for it was not until this was employed that the disease seemed to yield." It is almost unnecessary to add that the patient's convalescence was a slow one.

What will M. Broussais say to this case? If the patient had died, his death would have been attributed to the remedies—he recovered, and so unjust is the world, that we doubt whether the credit of the cure will be awarded to his physician!

Animal Charcoal as a Remedy in Glandular Affections.—Some of the German physicians, particularly Drs. Weise, Wagner, and Gumpert de Posen, have employed this substance

with some success in glandular and scirrhus affections. From the results of their trials, these gentlemen are induced to consider animal charcoal as possessing the *resolvent* powers of iodine and mercury, without the same injurious consequences to the system. As this remedy may come into use in this country, we subjoin the following formula for its preparation:—

Preparation of Dr. Weise's Animal Charcoal.—Take two parts of beef or mutton deprived of fat and cut into pieces, and one part of bones well bruised. Mix and torrefy them on a gentle fire until a small flame is perceived around the apparatus, after which the heat must be continued a quarter of an hour. After they are cold, reduce to powder the carbonaceous residue, and preserve it in a well closed bottle. Dr. Weise prescribes six parts of this powder with one of sugar, to be given morning and evening in doses about the bulk of a pea, (in weight two grains,) in a little water.

This preparation of carbon contains much less phosphate of lime than ordinary animal charcoal, and is therefore more easily operated on in a covered crucible.

Since the discovery of iodine and bromine in burnt sponge, physicians have been disposed to attribute to the former ingredient especially its activity as a medicine in the removal of scrofulous affections. But it appears from the experience of the German physicians, that carbon of itself may be accounted a powerful therapeutic agent.

For its convenient exhibition, the French physicians suggest the following

Pastilles of Animal Charcoal.

Take—Charcoal of Weise -1 oz.
White sugar in powder 8 oz.
Mucilage of gum tragacanth qs.

Make pastilles of the weight of ten grains, each of which will contain about one grain of the charcoal. —*Journ. de Chim. Med.*

Analysis of Copaiba.—M. Gerber, of Hamburg, has analysed the pale yellow copaiba, and obtained the following results:—Volatile oil, 41; a brown resin, insoluble in cold petroleum, 2.18; a brittle yellow resin, soluble in cold petroleum, 51.38; water, 5.44.

When the copaiba becomes old, it undergoes some changes, according to M. G.; a part of its volatile oil appears to be transferred into a brown resin;—thus, the analysis of old copaiba furnished him with the following results:—Volatile oil, 31.7; soft brown resin, 11.15; brittle yellow resin, 53.68; water, and loss, 4.10.—*Archives des Apotheker.*

Purity of Balsam Copaiba.—

The best test of this, according to M. Gerber, is the caustic ammonia, which furnishes at once a clear solution, whilst the solution with potash does not become clear until after some time. The addition of a very small quantity of fatty oil renders the ammoniacal solution immediately cloudy and thicker.—*Ib.*

Vesicating Insects.—M. Farine

states, that, after many comparative trials on the cleopteres, he has ascertained that the *mylabris cyaneus* follows the cantharides in the vesicating properties of this tribe of insects, and that the *mylabris variabilis* is next in activity.

The note of Dr. Parsons, in reply to MEDICUS, is too late for insertion today,—it shall have place next week.

Whole number of deaths in Boston during the week ending Sept. 24, 19. Males, 12,—Females, 7. Stillborn, 2.

Bilious fever, 1—brain fever, 1—cholera infantum, 1—consumption, 3—convulsions, 1—dropsy on the brain, 1—infantile, 2—inflammation in the bowels, 1—lung fever, 1—quinsey, 1—typhous fever, 1—unknown, 3.

ADVERTISEMENTS.

BOYLSTON MED. PRIZE
QUESTIONS.

AT the annual meeting of the Boylston Committee on Prize Questions, held on Wednesday, the 4th day of August, 1830, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Charles Caldwell, M.D., Professor of the Institutes of Medicine, &c. in the Transylvania University, Lexington, Ken. for a dissertation on the Question, "Whether Fever is produced by the decomposition of animal or vegetable substances; and if by both, their comparative influence?"

Another premium of the same value, was also awarded to Usher Parsons, M.D., Professor of Anatomy, &c. in Brown University, Providence, R. I., for a Dissertation, "On the connexion between cutaneous diseases which are not contagious and the internal organs."

The following Prize Questions for the year 1831 are now before the public, viz:

1st. "The History of the Autumnal Diseases of New-England."

2nd. What insects in the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds? The phenomena of such wounds, and the best mode of remedying their ill consequences?"

Dissertations on these subjects must be transmitted, post paid, to Thomas Welsh, M.D., Boston, on or before the first Wednesday of April, 1831.

The following Questions are now offered for the year 1832, viz:

3d. "What is the cause of Fistula Lachrymalis, and what is the best mode of treating the disease?"

4th. "What are the circumstances in which the drinking of cold water in hot weather proves injurious? What are the diseases which arise from this cause, and what is the best mode of treating these diseases?"

Dissertations on these subjects must be transmitted as above on or before the first Wednesday in April, 1832.

The author of the successful Dissertation on either of the above subjects will be entitled to Fifty Dollars or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same

device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2nd. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connexion therewith.

GEO. HAYWARD, Secretary.

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